

## REVIEWS OF BOOKS

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*Chemotherapy of Gonococcal Infections.* Russell D. Herrold, B.S., M.D., Associate Professor of Surgery (Urology), College of Medicine, University of Illinois. 137 pp. Henry Kimpton. London, 1943. Price 15s.

Dr. Herrold tells us that there are well over a million new infections of gonorrhoea each year. He therefore concludes that there is room for a monograph that deals with 'the management of these infections through the avenue of chemotherapy'. There are few venereologists who will not agree with this statement, as there is certainly today no book in the English language dealing effectively with the modern treatment of this disease.

Dr. Herrold lays stress on the importance of all doctors being acquainted with epidemiological measures in combating venereal diseases and in making prophylactic centres available for the civil population. The early history in the use of the original protosil and of sulphanilamide in the treatment of gonorrhoea is given in detail, the author having been one of the first to use the latter. He dismisses urethroscopy as rarely necessary, but there must be many workers who will disagree with him in this and maintain, in my opinion rightly, that anterior urethroscopy should be carried out as a test for cure in all male case, in order to eliminate the possibility of stricture developing in later life. It is pleasing to note that he does not even mention the complement fixation test for gonorrhoea, but I consider that he gives too much importance to microscopic and cultural investigations of the centrifuged deposit of the urine, and that gonococci are more likely to be detected in secretions obtained before the first morning micturition. He deals with cultural examinations in detail and emphasizes the dangers of false positive oxidase reactions, especially in the cases when it is impossible to obtain pure cultures. There is an excellent chapter on toxic reactions to sulphathiazole, but the author omits the fact that a further course with a different drug (for instance, sulphadiazine) does not often produce toxic symptoms in patients who have developed an allergic sensitization to sulphathiazole. The description of the carrier state and of the management of sulphonamide failures contains some valuable information, but he lays too much stress on the local treatment of the various complications which, in my experience, are invariably a consequence of drug resistance and should be treated by raising the patient's resistance with protein shock, mild or severe, followed, if necessary, by a further course of sulphonamide therapy.

This book can be warmly recommended, but nevertheless a classic on chemotherapy in the treatment of gonococcal infections has yet to be written.

A.H.H.

*Social Service in the Clinics for Venereal Diseases.* 2nd Edition. By Dorothy Manchée. 119 pp. Baillière, Tindall & Cox. London, 1943. Price 5s.

The second edition of Miss Manchée's book is opportune at the present time when there is a marked increase of infections and also an expansion of treatment facilities. This book can be unreservedly commended to the attention of directors of clinics, medical officers of health and all those interested in the subject of venereal disease. The value of social services as an auxiliary to medical treatment has long been emphasized: a patient is primarily a human being whose disease must be considered in conjunction with his personal life, his surroundings and his problems. Failure to consider the social factors may lead to failure to achieve the expected benefit from purely medical treatment, to undue protraction of the ailment, or in the case of the venereal disease patient to premature discontinuance of therapy and spread of infection.

In no department of Medicine can a trained social worker be of greater value than in the venereal diseases clinic. The necessity of such appointments is unfortunately not universally recognized, partly because of the stress rightly laid on confidential treatment. Experience has amply shown, however, that the confidential aspects of medical treatment are not only not violated but are actually enhanced by the addition of a social worker to the clinic staff. Miss Manchée gives a simple straightforward account of the manifold duties of the venereal diseases almoner, the individual problems met with and the possible solutions. The aims are to smooth out difficulties preventing regularity of attendance or predisposing to default before completion of treatment, and to awaken in the individual the sense of personal and corporate social responsibility which lessens the risk of future infection. The alleviation of personal problems makes the task of medical treatment easier and more certain; the rehabilitation of the individual is gained by sympathetic understanding of the underlying problems and by assistance in securing suitable employment. In the past rehabilitation has been considered almost exclusively in relation to prostitution, but it is now recognized that the provision of unobtrusive social assistance for the casually promiscuous is not of any less importance. It is a matter for regret that up-to-date social service in clinics has been confined chiefly to female patients and that provision has not been made for dealing with the equally urgent problems of the male patient.

The war-time disorientation of family life, the relaxation of parental responsibility, the direction of female labour into industry, the hours of work and the constant shifting of large numbers of the population have not only accentuated the existing difficulties but have created new problems in venereal diseases control. Although from the purely medical aspect the infectivity of syphilis or gonorrhoea can now be controlled rapidly by short-term intensive treatment this does not solve the difficulties of medical observation afterwards, of influencing the attendance for investigation and treatment of alleged sources of infection and subsequent contacts or of default on transfer from one centre to another. The shorter period of time during which the patient comes

into contact with the social worker greatly lessens the chances of successful rehabilitation. The problem can be met only by a widely integrated scheme of social service which will facilitate the social follow-up of venereal disease patients and will also play its part in combating these social conditions predisposing to sexual promiscuity which is the fundamental cause of the persistence of venereal disease.

A. E. W. McL.

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## NEWS AND NOTES

### Vancouver measures to eradicate venereal diseases

Williams in an address on the control of venereal diseases stated that the acquisition of these diseases is chiefly caused by the community conditions which make easily accessible to healthy persons intimate contact with those who are infected with venereal disease. The facilitation process consists in the participation of a third party, often for financial profit, through whom persons with venereal diseases are made easily accessible to healthy individuals. The facilitation process is concerned mainly with hotels, dance halls, furnished rooms and similar places. Persons with recently acquired venereal infections are potentially valuable to the community because they can supply details of the sources of infection and the circumstances in which access was gained to these sources. Accurate and detailed information about the source and the facilitation process is essential. The suppression of facilitation is the ultimate aim and the facilitators must be made aware of their responsibility to the community. If voluntary cooperation with public health authorities is withheld, then laws and by-laws must be enforced. In the Greater Vancouver Area the public health authorities from 1938 to 1941 investigated the nature and extent of the facilitation process and took effective action against it. The result has been reduced venereal disease incidence in the area.—*Venereal Disease Information, Washington, September, 1943.*

### Regulation 33B

The Minister of Health has stated that this Regulation was designed to deal only with a small class of infected persons who have always constituted a special problem. Further effective measures to deal with venereal diseases are at present under consideration.—*Hansard, 16th March, 1944, 418.*

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## EDITORIAL NOTES

The Editors beg to acknowledge with thanks the receipt of the following periodicals, etc.

*American Journal of the Medical Sciences*  
*American Journal of Syphilis*  
*British Journal of Dermatology*  
*British Journal of Urology*  
*British Medical Journal*  
*Crónica médica*  
*Indian Journal of Venereal Diseases*  
*Indian Medical Gazette*  
*Journal of the Cape Town Post-Graduate Medical Association*  
*Journal of Experimental Medicine*  
*Medical Times*  
*Medicina Española*  
*Memorias do Instituto Biologico Ezequiel Dias*  
*New England Journal of Medicine*  
*Revista de medicina Tropical y Parasitologia Bacteriologia clinica y Laboratio*  
*Revista de Sanidad y Assistencia Social*  
*Revista del Instituto de Salubridad y enfermedades tropicales*  
*Revista médica de Chile*  
*Revista médica de Yucatan*  
*South African Journal of Medical Sciences*  
*Urologic and Cutaneous Review*  
*Venereal Disease Information*